

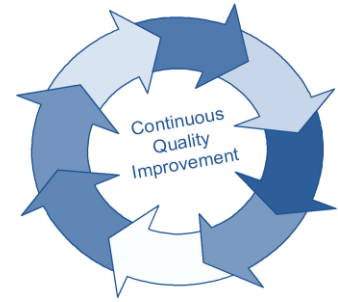
Nebraska Quality Improvement Committee
January 12, 2015 1:00 - 2:30 PM

Reporting month: November, 2014

Members Present:

Magellan Behavioral Health of Nebraska

- Lisa Christensen, Quality Management Director
- Teresa Danforth, Field Network Director
- Lori Hack, Compliance Officer
- Andrew Shapiro, Chief Operation Officer
- Tamara Gavin, Director of Clinical Services
- Dr. Janine Fromm, Medical Director



Magellan Subject Matter Experts:

- Tracy Nelson, Quality Improvement Specialist
- Karlee Hauptman, Quality Improvement Specialist
- Julie Parker, Quality Outcomes Manager
- Lisa Casullo, Director of Consumer Recovery
- Bryon Belding, Field Network Coordinator

Provider Members:

- Jodi Henning, Bryan Health
- Jean Hartwell, Catholic Charities
- Christine McCollister, Centerpointe
- Kim Kern, Mary Lanning
- Phil Tegler, Cornhusker Place

Consumer and Family Members:

- Suzanne Noonan
- Pamela Allen
- Melanie McClellan
- Mandee Walters

1.0 Old Business

1.1 Past Minutes – Minutes are located at www.magellanofnebraska.com

Monthly:

- a. **Quality Improvement Committee (QIC)**
- b. **Utilization Management Committee**
- c. **Collaborating for Kids Committee**
- d. **Provider Advisory Committee (PAC)**
- e. **Corporate Compliance Committee**
- f. **Member Services Committee**
- g. **Regional Network Credentialing Committee (RNCC)**

*Confidential RNCC Minutes are stored electronically in Network Department.

1.2 Past Action Items

- a. **Action Item completed:**

- a. The QIC reviewed and discussed Appeals Timelines. Will continue to observe the number of appeals out of URAC compliance, including action plans to improve timeliness.

2.0 Committee & Work Group Reports

Quality Performance Report

The Quality Performance Report was reviewed and approved to present to the Governance Board. Whole Health Rx is a new item that has been added to the Quality Performance Report.

2.1 Consumer & Family Led Evaluation Team

a. Review RFP

In February QIC, the Director of Consumer Recovery Services will present the final member survey and focus group questions that will be used by MHA to implement the RFP.

b. Monitor RFP Implementation

c. Satisfaction Survey Results

d. CFLT Review and Update

2.2 Collaborating for Kids Committee

a. Committee Report

The committee discussed member feedback that is it challenging for members and member representatives to understand the process to get care. In the past families have been afraid to speak to Magellan or did not know that they could call for information. The committee recommended that QIC review the Magellan of Nebraska website to ensure that information needed by members is available and easily accessible.

2.3 Advocating for Adults

a. Committee Report

The committee discussed two areas of concern. The first concern is that members are reporting their physical health concerns in the Emergency Room but are not being taken seriously since the member has a history of a behavioral health diagnosis. The second concern was regarding the lack of housing available for members with SPMI. The committee discussed what resources are available in the regions represented in the meeting. The committee recommends that the QIC offer more education to providers about providing members with a choice regarding their care.

2.4 Provider Advisory Committee

a. Committee Report

b. Provider Satisfaction Survey Report (Quarterly)

The Provider Satisfaction Survey results were reviewed and discussed by the QIC. 922 total surveys were mailed with a 28% cooperation/response rate. Interventions were put in place to increase the provider response rate and the overall satisfaction was 85%. Magellan will be utilizing an internal strategy team to review the survey results and develop a plan to improve the areas of concern by the 2nd quarter of 2015.

c. Provider Satisfaction Survey Report (Annual)

d. Facility Satisfaction Survey Report (Annual)

2.5 Regional Network Credentialing Committee

a. Committee Report

The RNCC report for November 12th was reviewed and discussed with no concerns. One organization was referred to RNCC due to a potential legal review. The committee voted to approve ongoing network participation. Three organizations were referred to RNCC for program proposals. The committee voted to approve all three program proposals.

b. Geo Access (Quarterly)

c. Corrective Action Plans from RNCC

d. Denied & Terminated Providers

e. Initial Credentialing Denials

f. New Programs Added to Network

2.6 Member Services Committee

Data Indicator - Telephonic Reporting

a. Average Speed of Answer

The average speed of answer for Customer Service Associates was 21 seconds, and 32 seconds for Care Managers. Results are meeting data indicators.

b. Abandonment Rate

The call abandonment rate for Customer Service Associates was 2.1% and .3% for Care Managers. Results are meeting data indicators.

c. Service Level

The telephone service level was 96.6% for Customer Service Associates and 89.5% for Care Managers. Results are meeting data indicators.

d. Qfiniti

The average Qfiniti score for Customer Service Associates was 96% and 97% for Care Managers. Results are meeting data indicators.

Data Indicator – Claims Reporting

e. Financial Payment Accuracy

The financial payment accuracy was 99.99%. Results are meeting data indicators.

f. Procedural Accuracy

The Procedure Accuracy was 100%. Results are meeting data indicators.

g. Turn Around Time

The turn around time for 30 days was 99.82%. The turn around time for 45 days was 99.95%. Results are meeting data indicators.

2.7 Corporate Compliance Committee

a. Committee Report & Disclosure Report

b. Policy Review

c. Confidentiality Checks

d. Letter/Form Development & Protection

2.8 Clinical Advisory Committee

a. Committee Report

The committee discussed Ambulatory Follow Up and that there were errors in the way AFU was being calculated. It was also recognized that there were discrepancies between HEDIS standards and Magellan Core Performance indicators. AFU was recalculated for the last 12 months and compared to new standards. AFU no has meet standards consistently for the past year. The committee also reviewed clinical practice guidelines, provider training, and the committee charter.

b. 30-Day IP Readmission

The 30-day Readmission Rate for July was 14.10 %. Results are meeting targets and no recommendations.

c. Ambulatory Follow-up

1. The 7 day ambulatory follow- up for July was 59.3%. Results are meeting targets and no recommendations.

2. The 30 day ambulatory follow-up for July was 74.40%. Results are meeting targets and no recommendations.

d. Concordance Report

The Concordance Rate for November on a first level of appeal was 85.7% and on the last level of appeal was 62.2%, there are no concerns. The concordance rates are consistent with historic rates.

e. Inter-rater Reliability Audits

In November, 16 Care Managers reviewed a Treatment Group Home Dual application. Fifteen Care Managers said they would send the request to peer review, and one said that they would authorize the request. The application was denied and sent to Peer to Peer as two PA's reviewed the application and gave alternate level of care for IOP Dual. Feedback was provided to the Care Manager who said they would authorize.

f. RCM Participation & Acceptance Rate (Quarterly)

g. Case Logix

There were 332 Acute Inpatient calls processed through Case Logix. The amount resolved by the Customer Service Associates was 59.3% and 40.6% were sent to the Care Managers for review. Of the cases transferred to Care Managers for review, the top reasons were: 1) Based on research of this member's case there has been another IP Encounter within the last 30 days (41.9%), 2) No realistic Suicide Plan (17.3%), and 3) Suicide attempt with no medical attention required (7.4%). These results are consistent with historic rates and are of no concern.

h. PA Monitoring (Quarterly)

i. UM/RCM Program Description

j. Clinical Practice Guideline Review & Approval

2.9 Performance Reporting

a. Clinical Review Activity Report (Quarterly)

b. Restraint & Seclusion Report (Quarterly)

c. Out of State Client Report

d. Residential Wait List

d. Top Dx by Service Category (Quarterly)

3.0 Quality Monitoring and Activities

a. Critical Incidents

There were 5 critical incidents reported in November. The committee reviewed and discussed the incidents with no action taken.

b. Complaints/CART

Five complaints were entered into CART for November. All complaints were resolved within established timeframes.

c. Appeals Timelines

There was one appeal out of URAC Compliance for the month of November. An action plan has been implemented to improve appeals timelines.

d. Performance Improvement Projects (Quarterly)

e. Annual QI Evaluations/Program Description/Work Plan

f. Treatment Record Reviews (Quarterly)

The Treatment Record Review data was reviewed in the Quality Performance Report and discussed by the QIC committee. No action will be taken at this time.

g. Outcomes (Quarterly)

***Action Items**

1. Director of Consumer Recovery Services will present CFLT member survey tool and focus group questions that will be used for RFP implementation.
2. Director of Consumer Recovery Services will have the Collaborating for Kids Committee review the Magellan website and provide QIC with their concerns regarding the information available and accessibility.
3. Director of Consumer Recovery will present the Cultural Competency Plan to QIC that will be added to the Quality Performance Report.
4. Advocating for Adults Committee requests that QIC discuss how to provide education to providers regarding member's choice of care and collaboration between physical and behavioral health providers, especially in acute care settings.
5. Magellan internal strategy team will review the provider satisfaction survey results and develop a plan to improve the issues addressed by Quarter 2 of 2015.
6. A Provider Focus will be developed for the first quarter of 2015 reminding Magellan providers of correct billing procedures. This will be implemented to reduce the number of member complaints involving incorrect billing by providers.

Lisa Christensen
Quality Improvement Committee Co-Chair
Director of Quality Management, Magellan

Date

Janine Fromm, M.D.
Quality Improvement Committee Co-Chair
Chief Medical Officer, Magellan

Date